



CONVENIENCE STORE SUPPLEMENT

Named Insured:

Location Address:

Hours of Operation:

Breakdown of Annual Receipts:

Grocery/Misc: \$ _____ Gasoline: \$ _____

LPG: \$ _____ Car Wash: \$ _____

Other: \$ _____ Describe: _____

If there are gasoline sales, please advise the following regarding Underground Storage Tanks:

Do all tanks meet EPA standards? ____ Yes ____ No # of Pumps ____

How old are the tanks? _____

Who owns the tanks? _____

If the insured does not own the tanks, is he held harmless by the owner? _____

Have there been any reported leakage problems? _____

Has the insured ever had any kind of pollution claim? _____

Is Environmental Impairment Coverage in place with respect to the tanks? _____

If yes, please provide a copy of the declarations page of the policy.

Are all gasoline pumps equipped with a kill switch? _____

Are there any dogs kept on premises? Yes ___ No ___

Are any firearms kept on premises? Yes ___ No ___

Any auto repair operations? Yes ___ No ___

Any auto sales operations? Yes ___ No ___

Any auto, truck or trailer rental operations? Yes ___ No ___

Does the insured refill any LPG tanks? Yes ___ No ___

Please provide full details of any "yes" responses:

Does the insured have a formal safety program in place with respect to maintenance and cleanliness of premises, inside and out? Yes ___ No ___

Are all gasoline pumps protected by concrete barriers? Yes ___ No ___

Is there any cooking done on the premises? Yes ___ No ___

If Yes, please completed the following:

Seating Capacity: _____ Total

Type of cooking devices: Gas Electric

Do you have a deep fat fryer? Yes No

Does it have an automatic fuel shut-off? Yes No

Is there a hood and duct system? Yes No

Does it have filters? Yes No

How often are the hood and duct systems cleaned? Every 3 months

Every 6 months

Other: _____

How often are the filters cleaned? Weekly Monthly

Is there an automatic extinguishing system?

Yes No

Does the system cover all cooking surfaces including deep fat fryers?

Yes No

Does the insured have a maintenance contract?

Yes No

Are all trash receptacles checked at closing and emptied into covered metal containers?

Yes No

Please indicate the number of fire extinguishers located in:

Cooking Area (BC Type): _____

Dining Area (ABC Type): _____

Date last serviced and recharged: _____

By signing this application, I am attesting to the accuracy of information provided in this application and any attached supplements. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Applicant's Signature:

Title: _____ Date: _____
